

Health and Safety Facility Checklist for Child Care Centers

(Training checklist with Guidance)

Child Care Center/Provider: _____

Date of Visit: _____

Safety	No Concern	Concern (Observation)	Actions Taken
1. The center has working fire extinguishers and smoke detectors (S.5.2.5, 5.2.5.1, 5.2.5.2)* (HAR§17-892.1-31)* * (Inspection or expiration date posted on the tag attached to the fire extinguisher)			
2. Electrical outlets accessible to children are covered (5.2.4, 5.2.4.2)* (§17-892.1-32)** (9.C.08)*** (All electrical outlets accessible to children shall have safety covers. Some newly installed electrical outlets are protected by child resistant ground-fault circuit-interrupt (GFCI) shock protection devices or safety receptacles)			
3. Electrical cords shall be of good condition and are placed beyond children's reach.(5.2.4.6)* (§17-892.1-32)** (9.C.08)*** (Frayed cords or cords with loose connections shall not be used. Injuries may occur when children pull appliances down on themselves by pulling on the cord or when children chew on the cord.)			
4. Cleaning products, poisons and other dangerous items are stored in the original labeled containers inaccessible to children. (S.5.2.9, 5.2.9.1)* (§17-892.1-32,37,38)** (9.D.09)*** (Chemicals shall be used in a manner that will not contaminate play surfaces, food, or food preparation areas. When not in use, chemicals shall be kept in a room or cabinet inaccessible to children, separated from stored medications and food.)			
5. A well-supplied first aid kit is available to staff and out of reach of children. (S5.6.0.1)* (§17-892.1-22)** (9.C.10)*** (See attached first aid kit supplies list.)			
6. The emergency exits are clearly identified and escape route clearly marked. (S.5.1.4.6, 5.1.4.7)* (§17-892.1-31)** (9.C.09)***			
7. Doorways and exits are free of debris and equipment to allow unobstructed passages. (S.5.1.4.3)* (§17-892.1-33)** (9.C.09)***			

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All Classrooms	No Concern	Concern (Observation)	Actions Taken
1. Walls, ceilings, floor, furnishing are in good repair, free from visible soil and in good condition. (5.3.1.6)* (§17-892.1-33,40)** (9.C.07)*** <i>(Wall, ceiling, floors and furnishings shall be free of chipped paint, broken furnishings and toys are in good repair)</i>			
2. Bathrooms are clean, in good repair and easily reached by children. (S.5.4.1.1)* (§17-892.1-13,35,38,40) ** (9.C.05, (9.C.06)*** <i>(Clean toilets and handwashing facilities shall be within 40 feet of the closest part of all indoor and outdoor play areas, children shall be able to easily open toilet doors from the inside or caregivers shall be able to easily open toilet-room doors from the outside. If toilets are not within sight or hearing of a caregiver, an adult shall accompany children younger than 5 years of age to and from the toilet areas.)</i>			
3. Garbage is disposed in a safe sanitary manner (S.5.2.7.3)* (§17-892.1-33)** (5.C.02)*** <i>(Garbage containers shall be lined with plastic bag liners and shall be kept covered with tight-fitting lids. Garbage containing food particles disposed by children must be removed from the classroom after each meal. Garbage and rubbish shall be removed from the facilities on a daily basis.)</i>			
4. Toys, materials and furniture are made of nontoxic materials, and in good condition. (S.5.2.9, 5.2.9.1 – 5.2.9.5, 5.2.9.7 – 5.2.9.9)* (§17-892.1-15,33) ** (9.A.03)*** <i>(Art materials; paints, glues, color pencils etc. are required to meet standards indicated by <u>ASTM D-4236</u> on the labels.)</i>			
5. Child care facilities are encouraged to adopt a modified version of Standard Precautions. This modified version of Standard Precautions shall be used to handle potential exposure to blood, including the blood-containing body fluids and tissue discharges and to handle other potentially infectious fluids. (S.3.2.3.4)* (§17-892.1-30,38)** (5.C.02)***			
6. Electric fans are inaccessible to children. (5.2.1.7)* (§17-892.1-32)** (9.C.07)***			

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7. Stoves, microwaves, pipes and other hot surfaces cannot be reached by children (S.4.8.0.8, 5.2.1.13)* (<i>Inquire about cooking activities. Ask about safety procedures, if stove, microwave, toaster oven are used for cooking activities.</i>) (§17-892.1-32)** (9.C.07)***			
8. Sharp furniture edges are cushioned (AAP)* (§17.892.1-33)** (9.C.07)***			
9. Medications are kept in original container, properly labeled, stored away from food, refrigerated if needed and are inaccessible to children.(S.3.6.3.1- 3.6.3.3, S.9.2.3.9)* (§17-892.1-33)** (5.A.11)*** (<i>Center shall have a written policy for the use of any prescription and non-prescription medication. The policy must include clear accurate instruction and medical confirmation of the child's need for medication, parents signed consent, procedures for labeling and storage and training of staff to administer medication.</i>)			
10. Strings and cords long enough to encircle a child's neck are not accessible to children.(S.3.4.6.1)* (S.5.160)** (9.C.07)*** (<i>Window covering cords; cords or ribbons tied to pacifiers can become tightly twisted or can catch on crib corner posts or other protrusions; clothing strings can catch on playground equipment; all are frequently associated with strangulation of children.</i>)			
11. Caregivers shall directly supervise infants, toddlers, and preschool children by sight and hearing at all times. (S.2.2.0.1, S.6.1.0.5)* (S.2.028, S5.168)** (9.A.05, 3.C.01-3.C.04)***			

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Outdoor	No Concern	Concern (Observation)	Actions Taken
1. The playground equipment is in good repair and safe condition (no sharp edges, splinters, cracks protruding parts etc.) (S.6.2.5.1)* (§71-892.1-32)** (9.B.06)*** (<i>Playground equipment shall be inspected for safety at regular intervals and the observations documented</i>)			
2. Outdoor areas are kept free of excessive dust, weeds, brush, high grass and standing water. (S.5.7.0.3)* (§17-892.1-33)** (9.B.07, 9.C.12)*** (<i>Dust, weeds, brush, high grass are potential allergens. Standing water breeds insects</i>)			
3. Surfaces underneath indoor and outdoor play equipment that children can climb are covered with impact-absorbing materials.(S6.2.3.1)* (§17-892.1-15)** (9.B.06)*** (<i>See Dirty Dozen handout, note: pea gravel is not recommended for <3 years old</i>)			
4. A play structure shall have no opening with a dimension between 3.5 and 9 inches to guard against entrapment. (S.6.2.1.9)* (§17-892.1-32)** (9.B.06)*** (<i>See Dirty Dozen handout</i>)			
5. All play equipment shall have a minimum of 6' clearance from other structure. The front and rear of swing have the fall zone of twice the height of the swing.(S.6.2.2.5, 6.2.2.1)* (§17-892.1-32)** (9.B.06)*** (<i>See Dirty Dozen handout</i>)			
6. The outdoor play areas are arranged so all areas are visible to the staff at all times. (S.6.1.0.5)* (§17-892.1-32)** (9.B.03)*** (<i>This arrangement promotes the prevention of injury and abuse</i>)			

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Interactions:	No Concern	Concern (Observation)	Actions Taken
1. Staff seem to enjoy being with children.* (§17-892.1-13)** (1.B) ***			
2. Staff respond sympathetically to help children who are upset, hurt, or angry.* (§17-892.1-13)** (1.B) ***			
3. Staff show respect for children.* (§17-892.1-13)** (1.B) *** (<i>Listen attentively, makes eye contact, treat children fairly</i>)			
4. Staff encourage the development of mutual respect between children and adults.* (§17-892.1-13)** (1.D) *** (<i>Staff wait until children finish asking questions before answering; encourage children in a polite way to listen when adults speak</i>)			
5. Staff model good social skills.* (§17-892.1-13)** (1.D) *** (<i>are kind to others, listen, empathize, cooperate</i>)			
6. Staff help children develop appropriate social behavior with peers.* §17-892.1-13) ** (1.C) *** (<i>help children talk through conflicts; encourage socially isolated children to find friends; help children understand feelings of others</i>)			

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Infant/Toddler Classrooms:	No Concern	Concern (Observation)	Actions Taken
<p>1. The diaper changing area is located away from eating and food preparation area.(5.4.2.4)* (5.A. 08)***<i>(The diaper changing area and food preparation area shall be physically separated. The changing area shall not be used for temporary placement of food or utensils or for serving of food. Food and drinking utensils shall not be washed in these sinks.)</i></p>			
<p>2. Dispose soiled diapers in a plastic-lined, hands-free, covered trash can. Soiled cloth diapers and soiled clothing that are to be sent home shall be individually bagged. (S5.2.7.4)* (5.A. 08)***<i>(Soiled diapers shall be stored inside the facility in containers separate from other waste. Washable, plastic-lined, tightly covered receptacles, with a firmly fitting cover that does not require touching with contaminated hands and objects, shall be provided within arm's reach of diaper changing table.)</i></p>			
<p>3. Infant sleeping areas do not have soft beddings. Pillows, fluffy blankets or stuffed toys. (S.3.1.4.1)* (5.A. 12)***</p>			
<p>4. Infant cribs have slats spaced no more than 2-3/8" apart. No more than 2 fingers can fit between the mattress and the crib side. (S5.4.5.2)* (5.A. 12)*** <i>(Children have strangled because their shoulder or neck became caught in a gap between slats or between mattress and crib side that was too wide)</i></p>			
<p>5. Cribs, cots, sleeping mats or pads shall be placed at least 3 feet apart.(S.5.4.5.1)* (9.A. 01)*** <i>(Separate sleeping and resting reduces the spread of disease from one child to another.)</i></p>			
<p>6. The minimum height from the top of the mattress to the top of the crib rail is 20". Cribs have secure latching devices and shall not have corner post extensions over 1/16". (S.5.4.5.2)* (5.A. 12)***<i>(Corner posts present a potential for clothing entanglement and strangulation.)</i></p>			

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<p>7. Infants are placed on their back when they sleep. Infant's head shall remain uncovered. (S3.1.4.1, 3.1.4.4)* (5.A. 12)*** <i>(Unless the child has a note from a physician specifying otherwise, infants shall be placed in the supine (back) position for sleeping to lower the risks of SIDS. When infants can easily turn over from the supine to the prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep)</i></p>			
<p>8. Breast milk is placed in properly labeled bottles and is kept in the refrigerator when not used.(S4.3.1.3, 4.3.1.5)* (5.B. 09-5.B.10)*** <i>(Expressed breast milk shall be discarded if it has been unrefrigerated for an hour or more. Unused breast milk shall be discarded after 48 hours if refrigerated.)</i></p>			
<p>9. When bottle feeding, caregivers shall either hold infants or feed them sitting up. The facility shall not permit infants/toddlers to have bottles in the crib or to carry bottles with them either during the day or at night. (S.4.3.1.4)** (5.A. 14)***</p>			
<p>10. Toys that cannot be washed and sanitized shall not be used. Toys that are mouthed shall be set aside where children cannot access them. (S. 3.3.0.2)* (5.C. 03)*** <i>(Toys must be set aside until they are washed with water and detergent, rinsed, sanitized and air-dried or washed in a mechanical dishwasher. Caregiver shall closely supervise to prevent shared mouthing of toys.)</i></p>			
<p>11. Toys or small objects available to children under 3 shall meet the federal small parts standards for toys. Examples are toys or objects with removable parts with a diameter less than 1-1/4" and 2-1/4" in length; balls smaller than 1 –3/4" in diameter, toys with sharp points and edges, plastic bags, Styrofoam objects, rubber balloons, marbles. (S.6.4.1.2)* (9.C.16)***<i>(Any part smaller than these has a potential choking hazard)</i></p>			

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Appendix A

First Aid and Emergency Supplies

The facility should maintain first aid and emergency supplies in each location where children are cared for. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. In addition, a transportable first aid kit should be in each vehicle that is used to transport children to and from a child care facility.

First aid kits or supplies should be restocked after use. An inventory of first aid supplies should be conducted at least monthly. A log should be kept that lists the date that each inventory was conducted, verification that expiration dates of supplies were checked, location of supplies (i.e., in the facility supply, transportable first aid kit(s), etc.), and the legal name/signature of the staff member who completed the inventory.

The first aid kit should contain at least the following items:

- a. Disposable nonporous, latex-free or non-powdered latex gloves (latex-free recommended);
- b. Scissors; Tweezers;
- c. Non-glass, non-mercury thermometer to measure a child's temperature;
- d. Bandage tape;
- e. Sterile gauze pads;
- f. Flexible roller gauze;
- g. Triangular bandages;
- h. Safety pins;
- i. Eye patch or dressing;
- j. Pen/pencil and note pad;
- k. Cold pack;
- l. Current American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide such as the AAP Pediatric First Aid For Caregivers and Teachers (PedFACTS) Manual;
- m. Coins for use in a pay phone and cell phone;
- n. Water (two liters of sterile water for cleaning wounds or eyes);
- o. Liquid soap to wash injury and hand sanitizer, used with supervision, if hands are not visibly soiled or if no water is present;
- p. Tissues;
- q. Wipes;
- r. Individually wrapped sanitary pads to contain bleeding of injuries;
- s. Adhesive strip bandages, plastic bags for cloths, gauze, and other materials used in handling blood;
- t. Flashlight;
- u. Whistle;
- v. Battery-powered radio (1).

When children walk or are transported to another location, the transportable first aid kit should include ALL items listed above AND the following emergency information/items:

- a. List of children in attendance (organized by caregiver/teacher they are assigned to) and their emergency contact information (i.e., parents/guardian/emergency contact home, work, and cell phone numbers);
- b. Special care plans for children who have them;
- c. Emergency medications or supplies as specified in the special care plans;

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- d. List of emergency contacts (i.e., location information and phone numbers for the Poison Center, nearby hospitals or other emergency care clinics, and other community resource agencies);
- e. Maps;
- f. Written transportation policy and contingency plans.

Standard 5.6.0.1:

Appendix B

Procedures for standard precaution

Child care facilities should adopt the use of Standard Precautions developed for use in hospitals by The Centers for Disease Control and Prevention (CDC). Standard Precautions should be used to handle potential exposure to blood, including blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids.

In child care settings:

- a. Use of disposable gloves is optional unless blood or blood containing body fluids may contact hands. Gloves are not required for feeding human milk, cleaning up of spills of human milk, or for diapering;
- b. Gowns and masks are not required;
- c. Barriers to prevent contact with body fluids include moisture-resistant disposable diaper table paper, disposable gloves, and eye protection.

Caregivers/teachers are required to be educated regarding Standard Precautions to prevent transmission of bloodborne pathogens before beginning to work in the facility and at least annually thereafter. Training must comply with requirements of the Occupational Safety and Health Administration (OSHA).

Procedures for Standard Precautions should include:

- a. Surfaces that may come in contact with potentially infectious body fluids must be disposable or of a material that can be disinfected. Use of materials that can be sterilized is not required.
- b. The staff should use barriers and techniques that:
 - 1. Minimize potential contact of mucous membranes or openings in skin to blood or other potentially infectious body fluids and tissue discharges; and
 - 2. Reduce the spread of infectious material within the child care facility. Such techniques include avoiding touching surfaces with potentially contaminated materials unless those surfaces are disinfected before further contact occurs with them by other objects or individuals.
- c. When spills of body fluids, urine, feces, blood, saliva, nasal discharge, eye discharge, injury or tissue discharges occur, these spills should be cleaned up immediately, and further managed as follows:
 - 1. For spills of vomit, urine, and feces, all floors, walls, bathrooms, tabletops, toys, furnishings and play equipment, kitchen counter tops, and diaper-changing tables in contact should be cleaned and disinfected as for the procedure for diaper changing tables in Standard 3.2.1.4, Step 7;
 - 2. For spills of blood or other potentially infectious body fluids, including injury and tissue discharges, the area should be cleaned and disinfected. Care should be taken and eye protection used to avoid splashing any contaminated materials onto any mucus membrane (eyes, nose, mouth);
 - 3. Blood-contaminated material and diapers should be disposed of in a plastic bag with a secure tie;
 - 4. Floors, rugs, and carpeting that have been contaminated by body fluids should be cleaned by blotting to remove the fluid as quickly as possible, then disinfected by spot-cleaning with a detergent-disinfectant. Additional cleaning by shampooing or steam cleaning the contaminated surface may be necessary. Caregivers/teachers should consult with local health departments for additional guidance on cleaning contaminated floors, rugs, and carpeting.

Prior to using a disinfectant, clean the surface with a detergent and rinse well with water. Facilities should

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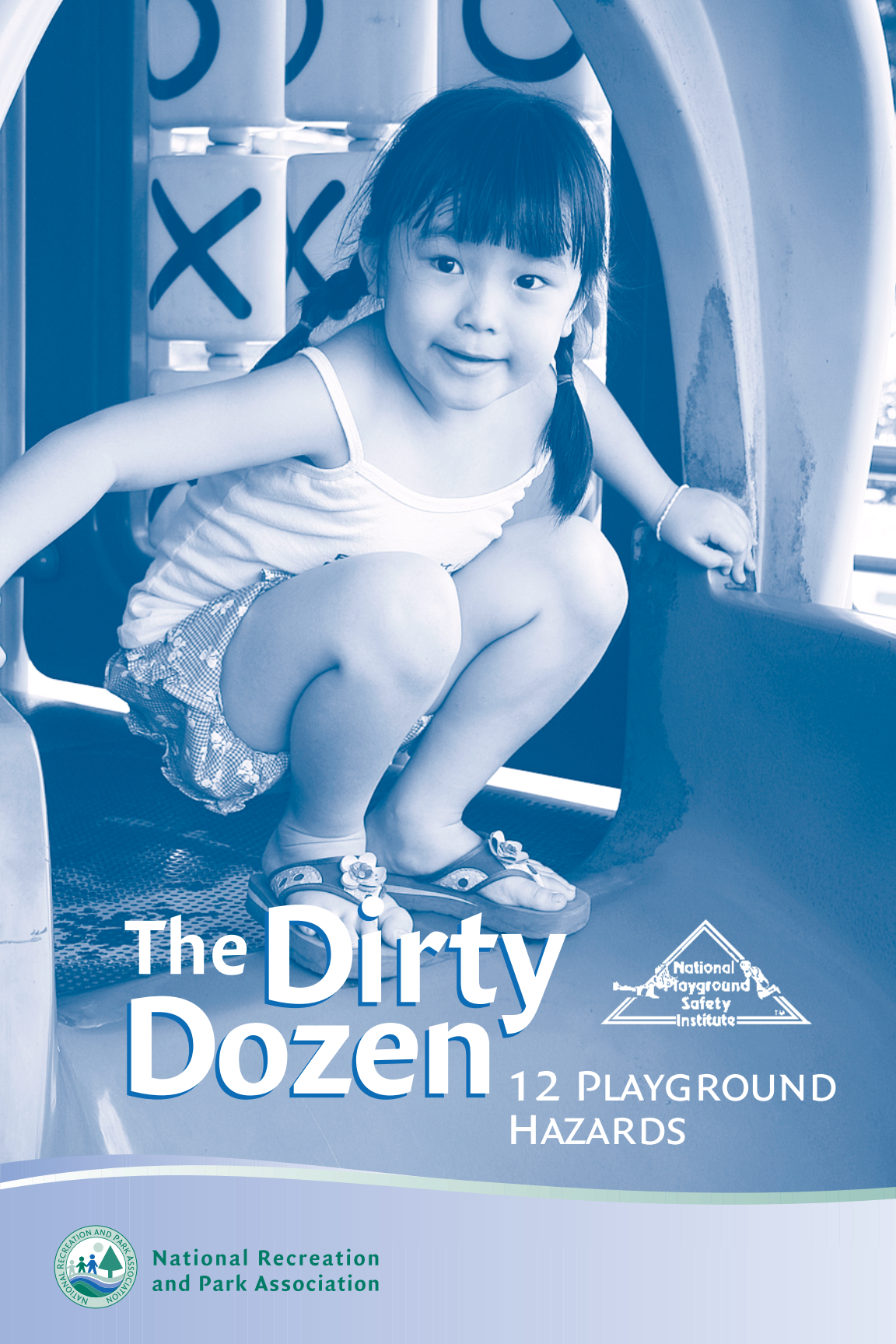
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follow the manufacturer's instruction for preparation and use of disinfectant (3,4). For guidance on disinfectants, refer to Appendix J, Selecting an Appropriate Sanitizer or Disinfectant.

If blood or bodily fluids enter a mucous membrane (eyes, nose, mouth) the following procedure should occur. Flush the exposed area thoroughly with water. The goal of washing or flushing is to reduce the amount of the pathogen to which an exposed individual has contact. The optimal length of time for washing or flushing an exposed area is not known. Standard practice for managing mucous membrane(s) exposures to toxic substances is to flush the affected area for at least fifteen to twenty minutes. In the absence of data to support the effectiveness of shorter periods of flushing it seems prudent to use the same fifteen to twenty minute standard following exposure to bloodborne pathogens (5).

Standard 3.2.3.4:



The Dirty Dozen



12 PLAYGROUND
HAZARDS



National Recreation
and Park Association



THE DIRTY DOZEN: 12 PLAYGROUND HAZARDS

Are they hiding in your child's playground?

In the time it will take you to read this pamphlet, a child will be severely injured and admitted to an emergency room as a result of a playground-related accident. It is estimated that, each year, over 200,000 such injuries occur and approximately 15 children will die from playground related injuries.

As parents and caregivers, we are responsible for providing safer play opportunities for our children. The National Recreation and Park Association (NRPA), through its National Playground Safety Institute (NPSI) has identified 12 of the leading causes of injury on playgrounds. By familiarizing yourself with the 'Dirty Dozen Checklist', you can inspect your local playground for safety hazards.

Should you identify any of the following hazards on your child's playground, notify the owner/operator about the condition of the play area, so that they may take steps to eliminate the hazard(s).

Are you looking for more information on playground safety?

Check out these recommended sources:

International Playground Equipment Manufacturers Association (IPEMA)



The International Playground Equipment Manufacturers Association (IPEMA) is a non-profit organization whose mission is to promote the importance of play in the development of children, to encourage the creation of safer play environments and to provide a voluntary third-party certification program to validate conformance to the ASTM 1487 Playground Equipment Standard and the ASTM 1292 Playground Surfacing Standard.

The Dirty Dozen is presented in partnership with IPEMA.

IPEMA
4305 N. 6th Street, Ste. A
Harrisburg, PA 17110
888.944.7362
www.ipema.org

American Society for Testing and Materials International (ASTM)

The American Society for Testing and Materials International (ASTM) developed a standard for the manufacturing of public playground equipment, *Standard Consumer Safety Performance Specification for Playground Equipment for Public Use*.

For a copy of this standard, contact the ASTM and ask for the F 1487-01 Standard.

ASTM
100 Barr Harbor Drive
West Conshohocken, PA 19428-2959
610.832.9500
www.astm.org

U.S. Consumer Product Safety Commission (CPSC)

For a free copy of the Consumer Product Safety Commission's Handbook for Public Playground Safety (No. 325), contact:

U.S. Consumer Product Safety Commission
Washington, D.C. 20207
800.638.2772
www.cpsc.gov

About NRPA

The National Recreation and Park Association (NRPA) is a national not-for-profit organization dedicated to advancing park, recreation and conservation efforts that enhance quality of life for all people. Through its network of some 20,000 recreation and park professionals and citizens, NRPA encourages the promotion of healthy lifestyles, recreation initiatives and conservation of natural and cultural resources.

Headquartered in Ashburn, Va., NRPA works closely with local, state and national recreation and park agencies, citizen groups and corporations to carry out its objectives. Priorities include advocating favorable legislation and public policy; continuing education for park and recreation professionals and citizens; providing professional certification, university accreditation, research and technical assistance; and increasing public awareness of the importance of parks and recreation. For more information, visit www.nrpa.org.

About NPSI

NRPA's National Playground Safety Institute (NPSI) promotes children's rights to play in a safe environment and to nationally promote the importance of play in their development. NPSI promotes the latest public playground industry standards and guidelines as the most desirable standard of care for public-use playgrounds. For a listing of playground related publications and information available through NRPA, visit www.nrpa.org/npsi.

The Dirty Dozen Checklist

The Top 12 Safety Hazards in America's Playgrounds

1 Improper Protective Surfacing

The surface or ground under/around the playground equipment should be soft enough to cushion a fall. A fall onto one of these hard surfaces could be life threatening and there are many surfaces that offer protection from falls.

Acceptable Surfaces:

- Engineered Wood Fiber
- Wood Chips
- Sand / Pea Gravel
- Synthetic / Rubber Tiles
- Shredded Rubber
- Mats
- Poured-in-place rubber

Unacceptable Surfaces:

- Concrete
- Blacktop
- Packed Earth
- Grass

DID YOU KNOW?

Improper surfacing material under playground equipment is the leading cause of playground-related injuries. Over 79 percent of all accidents on playgrounds are from children falling.

Most loose-fill surfacing must be maintained at a depth of 12 inches and be free of standing water and debris.

2 Inadequate Use Zone

A use zone is the area under and around playground equipment where a child might fall. A use zone should be covered with protective surfacing material and extend a minimum of six feet in all directions from the edge of stationary play equipment, such as climbers and chin-up bars.

Slide Use Zone

- For slides six feet or less in height, the use zone at the bottom of the exit area should extend a minimum of six feet from the end of the slide.
- For slides between six feet and eight feet high, the use zone at the exit of the slide is equal to the height of the platform or entrance to the slide.
- The **maximum** exit use zone, regardless of height, is eight feet.

School-Age Belt Swing Use Zone

- Swings require a much greater area for the use zone.
- The use zone should extend two times the height of the pivot or swing hanger in front of, and behind the swing's seats.
- The use zone should also extend six feet to the side of the support structure.

Tot Swing Use Zone

- A fully enclosed tot swing requires less of a use zone than school-age swings.
- Measure the vertical distance from the bottom of the seat to the pivot point or swing hanger and multiply by two for the use zone in front and back of the swings.

3

Protrusion & Entanglement Hazards



Avoid
strangulation
hazards

A protrusion hazard is a component or piece of hardware that is capable of impaling or cutting a child, if a child should fall against the hazard.

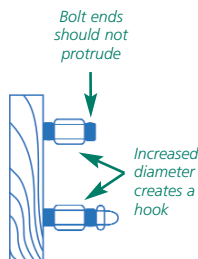
Some protrusions are also capable of catching strings or items of clothing worn around a child's neck. This type of entanglement is especially hazardous because it might result in strangulation.

DID YOU KNOW?

The U.S. Consumer Product Safety Commission does not recommend the use of drawstrings on children's outerwear because of the potential strangulation hazard.

Examples of protrusion and entanglement hazards include:

- Bolt ends that extend more than two threads beyond the face of the nut
- Hardware configurations that form a hook or leave a gap or space between components
- Open "S" type hooks
- Rungs or handholds that protrude outward from a support structure may be capable of penetrating the eye socket



Also, special attention should be paid to the area at the top of slides and sliding devices. Protruding hardware and some gaps may act as a hook and catch clothing. Ropes should be anchored securely at both ends and not be capable of forming a loop or a noose.

4 Entrapment in Openings

Enclosed openings on playground equipment must be checked for head entrapment hazards. Children often enter openings feet first and attempt to slide through the opening. If the opening is not large enough, it may allow the body to pass through the opening but entrap the head.

Generally, there should be no openings on playground equipment that measure between 3.5 to 9 inches. Where the lower boundary of the opening is formed by the protective surfacing, the opening is not considered to be hazardous.

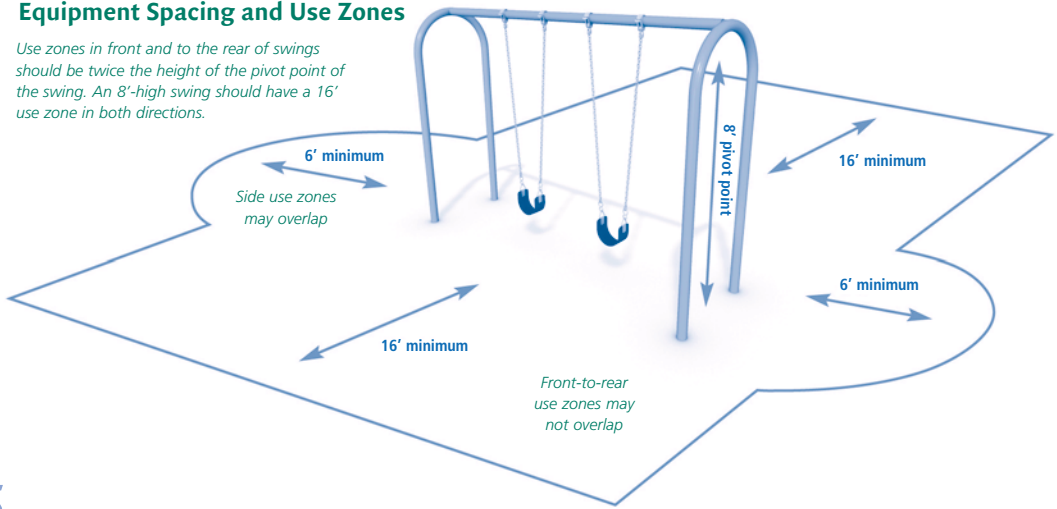
Pay special attention to:

- Openings at the top of a slide
- Openings between platforms
- Openings on climbers where distance between rungs might be less than nine inches
- Partially bounded openings such as seen on the top of a picket fence



Equipment Spacing and Use Zones

Use zones in front and to the rear of swings should be twice the height of the pivot point of the swing. An 8'-high swing should have a 16' use zone in both directions.



5

Insufficient Equipment Spacing

Improper spacing between pieces of play equipment can cause overcrowding of a play area, resulting in unsafe play conditions. Each item of play equipment has a use zone around it where protective surfacing material is applied. These use zones may overlap for certain types of equipment.

- Equipment less than 30 inches in height may overlap use zones with six feet in between.
- Equipment higher than 30 inches must have nine feet in between each structure.
- The to-fro area of swings, the exit area of slides, standing rocking equipment and merry-go-rounds may not overlap use zones. This provides room for children to circulate and prevents the possibility of a child falling off of one structure and striking another.
- Swings and merry-go-rounds should be located near the boundary of the playground.

6

Trip Hazards

Trip hazards are created by play structure components or items on the playground.

Common trip hazards often found in play environments include:

- Exposed concrete footings
- Abrupt changes in surface elevations
- Tree roots
- Tree stumps
- Rocks

7

Lack of Supervision

The supervision of a playground environment directly relates to the overall safety of the environment. A play area should be designed so that it is easy for a parent or caregiver to observe the children at play. Young children are constantly challenging their own abilities, often not being able to recognize potential hazards.

Parents must supervise their children at all times on the playground!

DID YOU KNOW?

It is estimated that over 40 percent of all playground injuries are directly related to lack of supervision.

8 Age-Inappropriate Activities

Children's developmental needs vary greatly from age two to age 12. In an effort to provide a challenging and safe play environment for all ages, it is important to make sure that the equipment in the playground setting is appropriate for the age of the intended user.

The U.S. Consumer Product Safety Commission does not recommend the following for preschool users – free-standing arch climbers, free-standing flexible climbers, chain and cable walks, fulcrum seesaws, log rolls, track rides or vertical sliding poles.

DID YOU KNOW?

It is recommended that areas for pre-school age children (2-5) be separate from areas intended for school age children (5-12).

9 Lack of Maintenance

In order for playgrounds to remain in "safe" condition, a program of systematic, preventative maintenance must be present:

- There should be no missing, broken or worn-out components
- All hardware should be secure
- The wood, metal or plastic should not show signs of fatigue or deterioration
- All parts should be stable with no apparent signs of loosening
- Surfacing material must be maintained
- Check for signs of vandalism

10 Crush, Shearing and Sharp Edge Hazards

Components in the play environment should be inspected to make sure there are no sharp edges or points that could penetrate skin. Moving components such as suspension bridges, track rides, merry-go-rounds, seesaws and swings should be checked to ensure there are no moving parts or mechanisms that might crush a child's finger.

11 Platforms with No Guardrails

Elevated surfaces such as platforms, ramps, and bridges should have guardrails or barriers to help prevent accidental falls.

Preschool age children are more at risk for falls; therefore equipment intended for this age group should have:

- Guardrails on elevated platforms higher than 20 inches
- Protective barriers on platforms higher than 30 inches

Equipment intended for school-age children should have:

- Guardrails on elevated platforms higher than 30 inches
- Protective barriers on platforms above 48 inches

12 Equipment Not Recommended for Public Playgrounds

Accidents associated with the following types of equipment have resulted in the U.S. Consumer Product Safety Commission recommending that they not be used on public playgrounds:

- Heavy swings such as animal figure swings
- Multiple occupancy/glider type swings
- Free swinging ropes that may fray or form a loop
- Swinging exercise rings and trapeze bars

DID YOU KNOW?

Overhead hanging rings that have a short chain (7") are allowed on public playground equipment.

Playground Safety: It's Not Just For Kids



National Recreation and Park Association

22377 Belmont Ridge Rd.
Ashburn, VA 20148-4501
703.858.0784
7-1-1 for hearing and speech impaired
www.nrpa.org